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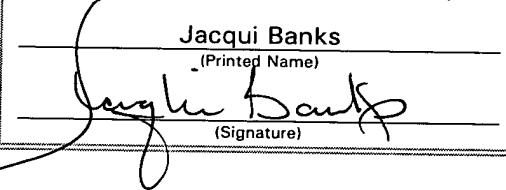
Atty. Dkt. No. 029815-0103

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sweeney, Patrick J.
Title: VERTEBRAL PROSTHESIS
Appl. No.: Unknown
Filing Date: Unknown
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979074205 US (Express Mail Label Number)	10/16/03 (Date of Deposit)
Jacqui Banks (Printed Name)	
	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Patrick J. Sweeney
1711 Pinehurst Lane
Flossmoor, IL 60422

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- Specification, Claim(s), and Abstract (20 pages).
- Formal drawings (14 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24).
- Declaration and Power of Attorney (3 pages).
- Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee			\$770.00	\$770.00
Total Claims: 49	- 20	= 29	x \$18.00	= \$522.00
Independents: 6	- 3	= 3	x \$86.00	= \$258.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	= \$0.00
			SUBTOTAL:	= \$1550.00
[X]	Small Entity Fees Apply (subtract ½ of above):			= \$775.00
	TOTAL FILING FEE:			= \$775.00

[X] A check in the amount of \$775.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/16/03

By 

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